

Revised 06/08

Public Safety

Mailing Address

Name of Department or Office 213 B. 7th Street

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest,

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Area Code & Telephone No.	. ↓ ↓	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:	
Jeanie Flattery		
Name		
Malling Address (if different from above) Nattery@dps.state.ia.us	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

Das Moines, IA 50319

City, State, Zip Code

DONOR OF GIFT OR BEQUEST:

Name	***************************************
1325 Iowa Ave West	Marshalltown, IA 50158
Malling Address	City, State, Zip Code
641-752-9555	·

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

7/11/18 \$100,00

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:	
10 granite memorial plaques honoring the fallen ISP Troopers	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.	

Statement of Affirmation:

I, Jeanie Plattery
affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Plain Hally Signature

August 30, 2018